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PATENTS

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P.2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Applicant:** Satoshi Nogaki      **Examiner:** Young Y. Lee  
**Serial No:** 09/516,139      **Art Unit:** 2613  
**Filed:** March 1, 2000      **Docket:** 13434  
**For:** VIDEO IMAGE CODING  
APPARATUS      **Dated:** August 22, 2003

**RECEIVED**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SEP 08 2003  
Technology Center 2600

AMENDMENT AND RESPONSE

Sir:

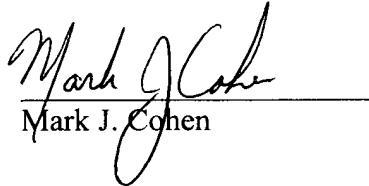
In response to the Official Action dated May 22, 2003, Applicant respectfully requests reconsideration of the above-identified application in light of the following amendments and remarks:

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CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 22, 2003.

Dated: August 22, 2003

  
\_\_\_\_\_  
Mark J. Cohen

2613 GP 3971

AMENDMENT TRANSMITTAL LETTER (Large Entity)		Docket No. 13434			
Applicant(s):					
Serial No. <b>09/516,139</b>  Filing Date <b>March 1, 2000</b>		Examiner <b>Young Y. Leed</b>	Group Art Unit <b>3911</b>		
Invention: <b>VIDEO IMAGE CODING APPARATUS</b>					
<b>RECEIVED</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u> <b>SEP 08 2003</b> Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9 -	20 =	0	x	\$0.00
INDEP. CLAIMS	1 -	3 =	0	x	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT				\$0.00	
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. <b>19-1013/ssmp</b> in the amount of</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>19-1013 ssmp</b></p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>					
 <i>Signature</i>			Dated: <b>August 22, 2003</b>		
<b>Mark J. Cohen</b> Reg. No. 32,211 <b>SCULLY, SCOTT, MURPHY &amp; PRESSER</b> 400 Garden City Plaza Garden City, NY 11530 (516) 742-4343			<div style="border: 1px solid black; padding: 5px;">         I certify that this document and fee is being deposited on <b>8/22/03</b> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.    <i>Signature of Person Mailing Correspondence</i> </div>		
CC:			<b>Mark J. Cohen</b> <i>Typed or Printed Name of Person Mailing Correspondence</i>		